

# **Exhibit 216**

## **(Filed Under Seal)**





**Network Platinum*Plus* Pharmacy (PPO)**  
**Network Platinum*Premier* Pharmacy (PPO)**  
**Network Platinum*Select* (PPO)**  
**Network*Cares* (PPO SNP)**

**2015 Formulary**  
**(List of Covered Drugs)**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
 ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 15196, Version 7

This formulary was updated on 8/8/2014. For more recent information or other questions, please contact Network Health Medicare Advantage plans customer service at 800-316-3107 or, for TTY users, 800-899-2114, 24 hours a day/seven days a week, or visit NetworkHealthMedicare.com.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Network Health Medicare Advantage plans. When it refers to “plan” or “our plan,” it means Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy, Network Platinum*Select* and Network*Cares*.

This document includes a list of the drugs (formulary) for our plan which is current as of August 8, 2014. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2016, and from time to time during the year.

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**What is the Network Platinum*Plus* Pharmacy, Network Platinum*Premier* Pharmacy,  
 Network Platinum*Select* and Network*Cares* Formulary?**

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment



## 2015 Part D Formulary (Comprehensive)

| Drug Name  | Drug Tier | Requirements /Limits      |
|--|-----------|---------------------------|
| <i>sumatriptan succinate oral</i>                                  | 2         | QL (9 per 31 days)        |
| <i>sumatriptan succinate subcutaneous cartridge</i>                | 2         |                           |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> | 2         |                           |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | 2         | QL (4 per 31 days)        |
| <i>sumatriptan succinate subcutaneous solution</i>                 | 2         | QL (4 per 31 days)        |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>      | 2         |                           |
| SUMAVEL<br>DOSEPRO   | 4         | STEP; QL (4 per 31 days)  |
| TREXIMET   | 4         | STEP; QL (18 per 28 days) |
| <i>zolmitriptan</i>  | 2         | QL (9 per 31 days)        |
| ZOMIG NASAL  | 4         | STEP; QL (18 per 28 days) |
| ZOMIG ORAL   | 4         | STEP; QL (9 per 31 days)  |
| ZOMIG ZMT  | 4         | STEP; QL (9 per 31 days)  |
| <b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>                          |           |                           |
| AMPYRA   | 5         | PA; LA                    |
| ARICEPT  | 4         | STEP                      |

| Drug Name                                       | Drug Tier | Requirements /Limits |
|---|-----------|----------------------|
| ARICEPT ODT                                     | 4         | STEP                 |
| AUBAGIO   | 5         |                      |
| COPAXONE  | 5         |                      |
| <i>donepezil oral tablet 10 mg, 5 mg</i>        | 2         |                      |
| <i>donepezil oral tablet 23 mg</i>              | 2         | STEP                 |
| <i>donepezil oral tablet, disintegrating</i>    | 2         |                      |
| EXELON ORAL CAPSULE                             | 4         | STEP                 |
| EXELON TRANSDERMAL                              | 3         | STEP                 |
| <i>galantamine</i>                              | 2         |                      |
| GILENYA   | 5         |                      |
| HORIZANT  | 4         | STEP                 |
| NAMENDA ORAL SOLUTION                           | 3         | PA                   |
| NAMENDA ORAL TABLET                             | 3         |                      |
| NAMENDA TITRATION PAK                           | 3         |                      |
| NAMENDA XR                                      | 4         | PA                   |
| NUEDEXTA  | 3         |                      |
| RAZADYNE  | 4         | STEP                 |
| RAZADYNE ER                                     | 4         | STEP                 |
| <i>rivastigmine tartrate</i>                    | 2         |                      |
| TECFIDERA                                       | 5         |                      |
| TYSABRI   | 5         | LA                   |
| XENAZINE  | 5         | PA; LA               |
| <b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b> |           |                      |
| AMRIX   | 4         | PA                   |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.



## 2015 Part D Formulary (Comprehensive)

| Drug Name                             | Drug Tier | Requirements /Limits     |
|---------------------------------------|-----------|--------------------------|
| <i>anectine</i>                       | 2         |                          |
| <i>baclofen</i>                       | 2         |                          |
| BLOXIVERZ                             | 4         |                          |
| <i>carisoprodol</i>                   | 2         | PA                       |
| <i>carisoprodol-asa-codeine</i>       | 2         | PA; QL (248 per 31 days) |
| <i>carisoprodol-aspirin</i>           | 2         | PA                       |
| <i>chlorzoxazone</i>                  | 2         | PA                       |
| COMFORT PAC-TIZANIDINE                | 4         |                          |
| <i>cyclobenzaprine oral tablet</i>    | 2         | PA                       |
| DANTRIJUM                             | 4         |                          |
| <i>dantrolene</i>                     | 2         |                          |
| <i>enlon</i>                          | 2         |                          |
| ENLON-PLUS                            | 4         |                          |
| FEXMID                                | 4         | PA                       |
| GABLOFEN                              | 4         | B/D PA                   |
| LIORESAL                              | 4         | B/D PA                   |
| LORZONE                               | 4         | PA                       |
| <i>meprobamate</i>                    | 2         |                          |
| MESTINON ORAL                         | 4         |                          |
| MESTINON TIMESPAN                     | 4         |                          |
| <i>metaxalone</i>                     | 2         | PA                       |
| <i>methocarbamol</i>                  | 2         | PA                       |
| <i>orphenadrine citrate injection</i> | 2         |                          |
| <i>orphenadrine citrate oral</i>      | 2         | PA                       |
| <i>orphenadrine compound-ds</i>       | 2         | PA                       |

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| PARAFON FORTE DSC                                   | 4         | PA                       |
| <i>pyridostigmine bromide</i>                       | 2         |                          |
| QUELICIN INJECTION SOLUTION                         | 4         |                          |
| <i>regonol</i>                                      | 2         |                          |
| <i>revonto</i>                                      | 2         |                          |
| ROBAXIN   | 4         | PA                       |
| ROBAXIN-750   | 4         | PA                       |
| SKELAXIN  | 4         | PA                       |
| SOMA  | 4         | PA                       |
| <i>tizanidine</i>                                   | 2         |                          |
| ZANAFLEX ORAL CAPSULE                               | 4         |                          |
| ZANAFLEX ORAL TABLET 4 MG                           | 4         |                          |
| <b>NARCOTIC ANALGESICS</b>                          |           |                          |
| ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG | 5         | PA; QL (124 per 31 days) |
| ABSTRAL SUBLINGUAL TABLET 400 MCG                   | 5         | PA; QL (120 per 31 days) |
| ABSTRAL SUBLINGUAL TABLET 600 MCG                   | 5         | PA; QL (80 per 31 days)  |
| ABSTRAL SUBLINGUAL TABLET 800 MCG                   | 5         | PA; QL (60 per 31 days)  |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.



## 2015 Part D Formulary (Comprehensive)

| Drug Name   | Drug Tier | Requirements /Limits     |
|---|-----------|--------------------------|
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i> | 2         | QL (4650 per 31 days)    |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>   | 2         | QL (372 per 31 days)     |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i>  | 2         | QL (186 per 31 days)     |
| ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG                            | 5         | PA; QL (124 per 31 days) |
| ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG  | 5         | QL (124 per 31 days)     |
| <i>alagesic lq</i>  | 2         | QL (5704 per 31 days)    |
| <i>ascomp with codeine</i>  | 2         | QL (372 per 31 days)     |
| AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 120 MG   | 4         | QL (52 per 31 days)      |
| AVINZA ORAL CAPSULE, ER MULTIPHASE 24 HR 30 MG, 45 MG, 60 MG, 75 MG, 90 MG                                  | 4         | QL (62 per 31 days)      |
| BUPAP ORAL TABLET 50-300 MG   | 4         | QL (372 per 31 days)     |

| Drug Name   | Drug Tier | Requirements /Limits  |
|---|-----------|-----------------------|
| BUPRENEX  | 4         | QL (276 per 31 days)  |
| <i>buprenorphine injection solution</i>                       | 2         |                       |
| <i>buprenorphine injection syringe</i>                        | 2         | QL (276 per 31 days)  |
| <i>buprenorphine sublingual tablet 2 mg</i>                   | 2         | QL (310 per 31 days)  |
| <i>buprenorphine sublingual tablet 8 mg</i>                   | 2         | QL (78 per 31 days)   |
| <i>butalbital compound w/codeine</i>                          | 2         |                       |
| <i>butalbital-acetaminop-caf-cod</i>                          | 2         | QL (372 per 31 days)  |
| <i>butalbital-acetaminophen</i>                               | 2         | QL (372 per 31 days)  |
| <i>butalbital-acetaminophen-caff oral capsule</i>             | 2         | QL (372 per 31 days)  |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | 2         | QL (372 per 31 days)  |
| <i>butalbital-aspirin-caffeine oral capsule</i>               | 2         |                       |
| BUTRANS   | 4         | QL (4 per 28 days)    |
| <i>capacet</i>  | 2         |                       |
| CAPITAL WITH CODEINE  | 4         | QL (4650 per 31 days) |
| <i>codeine sulfate oral tablet</i>                            | 2         | QL (186 per 31 days)  |
| DEMEROL INJECTION   | 4         |                       |

You can find information on what the symbols and abbreviations on this table mean by going to page 6.